



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

WVD988790440

02/18/00

INSTALLATION ADDRESS

ALLEGHENY WIRELINE
237 MOUND AVE
WESTON , WV 26452
STEVE VILLERS VICE PRES

237 MOUND AVE
WESTON , WV 26452

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Summers Construction
Co., Inc.

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of
and



NOTIFICATION OF Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

ID Number (Mark 'X' in the appropriate box)

Location ☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

X W V D 9 8 8 7 9 0 4 4 0

II. Name of Installation (Include company and specific site name)

X Alliegheny Wireline

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

237 mound ave

Street (Continued)

City or Town

Weston

State

Zip Code

WV

26452-

County Code

County Name

041

Lewis

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 506

City or Town

Weston

State

Zip Code

WV

26452-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Millers

(First)

Steve

Job Title

Vice Pres

Phone Number (Area Code and Number)

304-269-3290

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

X VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Betty Shermelt

Street, P.O. Box, or Route Number

City or Town

Weston

State

Zip Code

WV

26452-

Phone Number (Area Code and Number)

304-269-7422

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

A. Hazardous Waste Activity	B. Used Oil Recycling Activity
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Oil to Off-Specification Buyer</p> <p><input type="checkbox"/> b. Marketer Who First Claims Used Oil Meets the Specification</p> <p>2. Used Oil Burner - Indicate Type of Combustion Device</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner</p> <p>Indicate Type(s) of Activity(ies):</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>
<p>3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Referral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> </div>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

<div>1</div> <div>F 0 0 1</div> <div>7</div> <div>D 0 0 2</div>	<div>2</div> <div>F 0 0 2</div> <div>8</div> <div>D 0 0 3</div>	<div>3</div> <div>F 0 0 3</div> <div>9</div> <div>D 0 0 4</div>	<div>4</div> <div>F 0 0 4</div> <div>10</div> <div>D 0 0 5</div>	<div>5</div> <div>F 0 0 5</div> <div>11</div> <div>D 0 0 6</div>	<div>6</div> <div>D 0 0 6</div> <div>12</div> <div>D 0 0 6</div>
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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

<div>1</div> <div>D 0 0 8</div>	<div>2</div> <div>D 0 0 9</div>	<div>3</div> <div>D 0 1 0</div>	<div>4</div> <div>D 0 1 1</div>	<div>5</div> <div>D 0 1 8</div>	<div>6</div> <div>D 0 1 1</div>
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry and the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Steve Villers</i>	Name and Official Title (Type or print) <i>V.P.</i>	Date Signed <i>1/11/00</i>
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XI. Comments

ADDITIONAL WASTE CODES: D021, D022, D023, D024, D025, D026, D027, D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D042, D043.

(UPDATING WASTE CODE NUMBERS)

RECEIVED

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

JAN 21 2000

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*****
*                               RCRIS: Notification Add/Update Screen 2                               *
*****
*EPA ID: WVD988790440      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY):  112791      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                *
*Name of Installation:  SUMMERS CONST CO INC                                                         *
*                               Installation Location Address                                           *
*Streets:  237 MOUND AVE                                                         *
*City:      WESTON                               State:  WV      Zip:  26452                      *
*County Code:  041      County Name:  LEWIS                                                         *
*  Installation Mailing Address (Type 'SAME' if same as Above)                                         *
*Streets:  PO BOX 207                                                         *
*City:      GLENVILLE                               State:  WV      Zip:  26351                      *
*                               Contact Information                                                         *
*   Last Name      First Name      Title      Phone      Address(M,L,O)*
* SNIDER           ELDEN           OFF MGR      3044625017      M                      *
*Streets:  PO BOX 207                                                         *
*City:      GLENVILLE                               State:  WV      Zip:  26351                      *
*Land Type:                                                         *
*****
* Enter-Continue           F3 - Exit           F5 - Prev Screen *
*****
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*****
*                               RCRIS: Notification Add/Update Screen 3                               *
*****
* EPA ID:      WVD988790440   Other ID:                               Source:  N                               *
*
* Owner Sequence Number:      1                                         *
* Ownership:  BETTY MILK                                           Type of Owner:  P   *
*
*
*                               Address of Owner                               *
*
* Street: RT 2 BOX 303A                                           *
* City:   WESTON                                           State: WV  Zip Code  26452   *
* Phone:  3042692009                                           *
*
* Current/Previous Indicator:  C0   Change Date(MMDDYY):           *
*
*
*
*****
* Enter-Continue      F3-Exit      F4-Exit Group Process      F5-Curr. Owner  *
* F6-Prev. Owner      F8-Help      F9-First                    F10-Next      *
*****
```

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*****
*                               RCRIS: Notification Add/Update Screen 4A                               *
*****
* EPA ID:  WVD988790440      Other ID:                               Source:  N                               *
*
*
*                               RCRA Reg  RCRA Reg  State Reg  State Reg
* Waste Activity              Type   Status   Desc      Status   Desc
* -----
* HW Generator:              3       R
* HW TSD:
* HW Transporter:
*   Transport Mode:  Air:      Rail:      Highway:      Water:
*                   Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue              F3-Exit              F8-Help
*****

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*****
*                               RCRIS: Notification Add/Update Screen 5                               *
*****
*      EPA ID:  WVD988790440   Other ID:                               Source:  N                               *
*                                                                                                     *
*      Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical                               *
*                               D001                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*****
*Enter-Continue                F3-Exit                F4-Exit Group Process*
*F8-Help                      F9-First                F10-Next                *
*****
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

NOV 11 1991



WV D 9 8 8 7 9 0 4 4 0

SUMMERS CONSTRUCTION CO INC

237 MOUND AVE

WESTON

WV 26 4 5 2 -

OH | LEWIS

P. O. BOX 207

GLENVILLE

WV 26 3 5 1 -

SNIDER

ELDEN

OFFICE MANAGER 304 - 462 - 5017



SAME

BETTY MICK

NOV 10 1991

Rt 2 BOX 303A

EPA

WESTON

WV 26 4 5 2 -

304 - 269 - 2009

P

P

3319

ID - EPC 000111

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activity	
1. Generator (See Instructions)	<input type="checkbox"/>	1. Off-Specification Used Oil	<input type="checkbox"/>
a. Greater than 1000 kg/mo (2200 lbs.)	<input type="checkbox"/>	a. Generator Activity	<input type="checkbox"/>
b. 100 to 1000 kg/mo (220 - 2200 lbs.)	<input type="checkbox"/>	b. On-site Burner	<input type="checkbox"/>
<input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/>	c. Burner - Indicate Type of Combustion Device	<input type="checkbox"/>
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/>	1. Utility Boiler	<input type="checkbox"/>
a. For own waste only	<input type="checkbox"/>	2. Industrial Boiler	<input type="checkbox"/>
b. For commercial purposes	<input type="checkbox"/>	3. Industrial Furnace	<input type="checkbox"/>
Mode of Transportation	<input type="checkbox"/>	2. Specification Used Oil Fuel	<input type="checkbox"/>
1. Air	<input type="checkbox"/>	(or On-site Burner Which Meets the Specification)	<input type="checkbox"/>
2. Rail	<input type="checkbox"/>		
3. Highway	<input type="checkbox"/>		
4. Water	<input type="checkbox"/>		
5. Other - specify	<input type="checkbox"/>		
3. Treater, Storer, Disposer (Installation)	<input type="checkbox"/>		
Note: If permit is required for hazardous waste treatment, storage, or disposal			
a. Generator Activity	<input type="checkbox"/>		
b. Other Markets	<input type="checkbox"/>		
c. Burner - Indicate Type of Combustion Device	<input type="checkbox"/>		
1. Utility Boiler	<input type="checkbox"/>		
2. Industrial Boiler	<input type="checkbox"/>		
3. Industrial Furnace	<input type="checkbox"/>		
5. Underground Injection Control	<input type="checkbox"/>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)					
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))					
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)					
1	2	3	4	5	6
D001					
7	8	9	10	11	12
C. Other Wastes. (State or other wastes requiring an ID number. See instructions.)					
1	2	3	4	5	6

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Edwin M. Snider</i>	Name and Official Title (type or print) EDWIN M. SNIDER OFFICE MANAGER	Date Signed 9-17-91
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RECEIVED

SEP 24 1991